

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101577, 684

FILING DATE

5-1-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4	1						54						
5	1						55						
6		2					56						
7	1						57						
8		1					58						
9		1					59						
10	1						60						
11	1						61						
12		2					62						
13		3					63						
14		3					64						
15		3					65						
16		3					66						
17		1					67						
18		2					68						
19		2					69						
20		6					70						
21		6					71						
22		6					72						
23		6					73						
24		6					74						
25		6					75						
26		6					76						
27		6					77						
28		6					78						
29		6					79						
30		6					80						
31		6					81						
32		6					82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6												
TOTAL DEP.	105	←											
TOTAL CLAIMS	111	[REDACTED]											